

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90034 013 ***150.00

DOCUMENT # J32447

1. Entity Name

ALITIGER ENTERPRISES, INC.



Principal Place of Business

30 VAGABOND LANE
HOB0 ACRES
WINTER HAVEN FL 33881

Mailing Address

30 VAGABOND LANE
HOB0 ACRES
WINTER HAVEN FL 33881

20005488



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2727314

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKIBBEN, JEFF J.
1009 HIGHWAY 17, NORTH
WAUCHULA FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD ☐ Delete
NAME VON HAHMANN, KENNETH M.
STREET ADDRESS 30 VAGABOND LANE
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME HICKS, LEE S.
STREET ADDRESS 400 MCLEOD ROAD
CITY-ST-ZIP HARTSVILLE SC

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HICKS, WADE HAMPTON III
STREET ADDRESS 400 MCLEOD ROAD
CITY-ST-ZIP HARTSVILLE SC

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME VOW HAHMANN, KENNETH M JR
STREET ADDRESS 1999 LEISURE DR NW
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME VON HAHMANN, KARL G
STREET ADDRESS 2143 S. CONWRY RD APT 1709
CITY-ST-ZIP ORLANDO FL 32812

TITLE ☒ Change ☐ Addition
NAME von HAHMANN Karl G.
STREET ADDRESS 200 El Camino Dr.
CITY-ST-ZIP apt 401 Winter Haven, FL 33884

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

K. M. von HAHMANN
K. M. von HAHMANN SD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-05

863-324-6053
Date Daytime Phone #